

EFORT13-2395

**The introduction of an orthogeriatric service to a large teaching hospital Improves outcomes for elderly patients with a proximal femoral fracture.**

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**INTRODUCTION:** Proximal femoral fracture carries approximately 10% mortality at 30 days and associated care costs of £1.8bn in the UK alone annually. Aging populations will increase this care burden and the introduction of multidisciplinary care packages across the UK is aimed at improving outcomes and reducing costs.

**OBJECTIVES:** We aimed to evaluate the impact of introducing a new model of care for elderly orthopaedic inpatients, particularly those treated for a fracture of the proximal femur.

**METHODS:** Using our prospective ongoing hip fracture audit we compared patients admitted the year prior to instigation of a combined care package to those one year after. The intervention consisted of a package of ward based care with specialist orthopaedic and geriatric consultant input combined with falls prevention, 'fast-track' evaluation, early theatre and bone health to standard care.

**RESULTS:** 1642 consecutive patients with fracture of the proximal femur were admitted over the study period and included in the results. 813 patients were admitted under the old model of care and 829 under the new system with orthogeriatric review and input. The 30-day mortality was decreased (RR=0.95) 70 deaths (8.44%) compared with 75 (9.23%). In patients developing a complication the risk of death was reduced with borderline significance (RR=0.83 p=0.081). Our delay to theatre fell. Following our intervention package over 70% of patients were operated on within 40 hours as compared to 55% before (p<0.0001).

**CONCLUSION:** In our centre introduction of a comprehensive package of orthogeriatric care has significantly reduced delays to operative intervention and reduced both mortality and the sequelae of complications.

**Disclosure of Interest:** None Declared

**Keywords:** Hip fracture outcome, mortality, orthogeriatrics, proximal femoral fracture